



**HOME IMPROVEMENT LOAN PROGRAM
APPLICATION CHECK LIST
Fiscal Year 2012 (Updated 01/01/2012)**

Income qualifications are based on the number of persons residing in the home and their combined incomes. Maximum incomes:

1 person household, \$39,450	2 persons, \$45,050;	3 persons, \$50,700;
4 persons, \$56,300;	5 persons, \$60,850;	6 persons, \$65,350.

All items must be received in the following order to receive approval in the program.

Please place your items in the following order:

- 1. Your list of items needing repairs**
- 2. The application**
- 3. Proof of income (most recent income tax filing period) 1040\1040 EZ Income Tax Form with W2s or annual wages forms, or 1099 Misc. Income, and\or Pension, Social Security or other income statements such as unemployment, interest, etc., and 2 most recent check stubs, also for applicable persons residing in the home earning income.**

Include supporting documentation for all assets listed in Section C. (Provide copies of checking and savings statements etc.)

- 4. A recorded copy of the deed to the property (a recorded copy will list the book & page number and the date it was recorded at the top right hand corner of the document). You may obtain a recorded copy from the St. Charles County Records Office, 201 N. Second St. St. Charles, MO 63301, 636\949-7505.**
- 5. A copy of your monthly mortgage payment, (copy from payment book or monthly invoice must list the name address, etc. of your mortgage holder). Copy of the purchase price of the home and along with a statement which shows the interest rate.**
- 6. Year end statement or closing document which lists the current rate of interest for the mortgage.**
- 7. An escrow statement which lists the amounts reserved for real estate taxes and home owners insurance. Note: If you pay taxes and insurance separately from your mortgage please provide proof of these payments.**
- 8. Copies of the last 12 months of your utility bills, electric, gas, oil, Water/sewer & garbage.**
- 9. Provide receipts for items you purchased with in the previous year that were used for the budgeted routine maintenance, minor and\or major repairs of your home.**

Mail or deliver to:

**Department of Community Development
200 N. Second St., 3rd Floor, Suite 303
St. Charles, MO 63301
Attn: Anita Telkamp**



City of Saint Charles, Missouri
Department of Community Development

HOME IMPROVEMENT LOAN PROGRAM APPLICATION
Fiscal Year 2012

Section A.

HOUSEHOLD INFORMATION

ADDRESS: _____ Zip Code _____

PHONE NUMBER: () _____ CELL PHONE: () _____

DAY TIME NUMBER: () _____ E-MAIL: _____

Race and age demographics listing is required to complete this application. Demographical statistics are reported to HUD for census and financial assistance tracking purposes only.

Please list one or more of the following races for each member of the household: Native American, Hispanic, Black\African American, Asian, White\Caucasian , Pacific Islander Other, or Other Multi-Racial

NAMES /AGE/RACE

Head of Household _____ Age: _____ Spouse: _____ Age: _____
Last, First, Middle Initial Last, First, Middle Initial
Race _____ Race: _____

CHILDREN NAME(S):
Last, First, Middle Initial

Age:

Race:

Section B.

HOUSEHOLD INCOME

LIST THE NAMES, (First, Last & Middle Initials), AGE(S), RACE(S) & INCOME OF OTHERS RESIDING IN THE HOME. **Supporting Documentation must also accompany this application.**

See attached definition of income per corresponding number and explanation of whose income to count.

Total Annual Income: _____

List All Applicable Gross Annual Income For The Following Categories For Each Person Residing In The Home.

#	Income Type	Head of Household	Spouse	Other Member(s)	Other Member(s)	Total Combined Income
1.	Wages, Salaries, Tips	\$	\$	\$	\$	\$
2.	Business Income	\$	\$	\$	\$	\$
3.	Interest & Dividend Income	\$	\$	\$	\$	\$
4.	Retirement & Insurance Income	\$	\$	\$	\$	\$
5.	Unemployment & Disability Income	\$	\$	\$	\$	\$
6.	Welfare Assistance	\$	\$	\$	\$	\$
7.	Alimony Child Support & Gift Income	\$	\$	\$	\$	\$
8.	Armed Forces Income	\$	\$	\$	\$	\$
	Total Across					

List Total Monthly Gross Income: \$ _____

Anticipating Income. Six month projected monthly income: \$ _____

Section C.

ASSETS & CASH VALUES

1. Cash held in savings account, checking accounts, safe deposit boxes, and cash on hand held at home.

List cash amount:\$ _____ List where held: _____

2. Cash value of revocable trusts available to the applicant:\$ _____

3. Equity in rental property or other capital investments:\$ _____

4. Cash value of stocks, bonds Treasury bills, certificates of deposit and money market accounts:
\$ _____ List where held: _____

5. Individual retirement and Keogh accounts:\$ _____ List account: _____

6. Cash value of life insurance policies:\$ _____ List account: _____

7. Personal property held and cash value as an investment such as gems, jewelry, coin collection, antique cars:

8. Lump sum or one-time receipts, such as inheritances, capital gamins, lottery winnings, victim's restitution, insurance settlements and other amount not intended as periodic payments:\$ _____

Section D.

HOUSING EXPENSES:

Monthly mortgage payments: _____

Mortgage Company _____

Address _____

Paid to date? Yes\No (circle one)

Current Interest Rate? _____

Real estate taxes: Annual _____ Average monthly: _____

_____ Paid to date?
Yes\No (circle one)

Insurance Company Name: _____

Address: _____

City\State\Zip _____

Annual _ Insurance _____ Average monthly: _____

_____ Paid to date?
Yes\No (circle one)

UTILITIES	Electric	Gas	Oil	Water/Sewer	Garbage
January					Ave 18.00
February					18.00
March					18.00
April					18.00
May					18.00
June					18.00
July					18.00
August					18.00
September					18.00
October					18.00
November					18.00
December					18.00
Total					18.00

Average monthly utility cost: _____

Are utilities paid to date? Yes\No If not list utility company and arrears owed.

Maintenance Annual _____ Average monthly: _____

Enter here the amount you budget annually & monthly for maintenance, (maintenance includes items such as painting, general structure upkeep & repairs, including plumbing, electric, furnace a/c water heater)

TOTAL MONTHLY HOUSING EXPENSE _____

Section E. **Application Certification**

I/We certify that the information above is true and correct to the best of our knowledge.

Date: _____ Applicant: _____ Date

Witness: _____ Applicant: _____ Date

You are required to submit copies of your supporting documentation with this application. If you are unable to provide copies please call and make arrangements for someone to assist you with making copies, 949-3222. Please call Anita Telkamp at 949-3224 if you need assistance completing this application.

Section F.

Upon income qualification, I will call you to schedule a complete health and safety inspection. This includes a thorough inspection of the structure, including the roof, foundation, electrical panel box and the, plumbing, furnace, and water heater systems. The CDBG Inspector will prepare a report citing all the items needing repair and/or replacement based on the current building & property maintenance codes, in priority order, and suggest a cost for the total project. This list may or may not include the same items from your list. Upon approval of the City Council, you will be asked to sign a deed of trust, and note for the amount to be borrowed.

File Access Authorization

The information in your file is confidentially maintained and accessed only by qualified HUD, CDBG\HOME staff, to yourself and/or anyone you may designate in writing. A copy of all forms requiring your signature(s) will be provided to you

**CDBG\HOME Program
Eligibility Release Form**

ORGANIZATION REQUESTING RELEASE OF INFORMATION (CITY OF ST. CHARLES, MO, 200 N. SECOND ST. STE 303, ST. CHARLES, MO 63301, 636\949-3224) **PURPOSE:** YOUR SIGNATURE ON THIS CDBG\HOME PROGRAMS ELIGIBILITY RELEASE FORM, AND THE SIGNATURES OF EACH MEMBER OF YOUR HOUSEHOLD WHO IS 18 YEARS OF AGE OR OLDER, AUTHORIZES THE ABOVE-NAMED ORGANIZATION TO OBTAIN INFORMATION FROM A THIRD PARTY (EMPLOYER, BANK, INSURANCE AGENT ETC.) RELATIVE TO YOUR INCOME ELIGIBILITY AND CONTINUED PARTICIPATION IN THE: HOME\CDBG: HOMEOWNER OCCUPIED REHABILITATION PROGRAM

PRIVACY ACT NOTICE STATEMENT: THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) IS REQUIRING THE COLLECTION OF THE INFORMATION DERIVED FROM THIS FORM TO DETERMINE AN APPLICANT'S ELIGIBILITY IN CDBG OR HOME PROGRAMS AND THE AMOUNT OF ASSISTANCE NECESSARY USING CDBG\HOME FUNDS. THIS INFORMATION WILL BE USED TO ESTABLISH LEVEL OF BENEFIT FOR THE CDBG AND/OR HOME PROGRAMS TO PROTECT THE GOVERNMENT'S FINANCIAL INTEREST; AND TO VERIFY THE ACCURACY OF THE INFORMATION FURNISHED. IT MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, AND LOCAL AGENCIES WHEN RELEVANT, TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATORS, AND TO PROSECUTORS. FAILURE TO PROVIDE ANY INFORMATION MAY RESULT IN A DELAY OR REJECTION OF YOUR ELIGIBILITY APPROVAL. THE DEPARTMENT IS AUTHORIZED TO ASK FOR THIS INFORMATION BY THE NATIONAL AFFORDABLE HOUSING ACT OF 1990.

INSTRUCTIONS: EACH ADULT MEMBER OF THE HOUSEHOLD MUST SIGN THE CDBG\HOME PROGRAMS ELIGIBILITY RELEASE FORM PRIOR TO THE RECEIPT OF BENEFIT AND ON AN ANNUAL BASIS TO ESTABLISH CONTINUED ELIGIBILITY. ADDITIONAL SIGNATURES MUST BE OBTAINED FROM NEW ADULT MEMBERS WHENEVER THEY JOIN THE HOUSEHOLD OR WHENEVER MEMBERS OF THE HOUSEHOLD BECOME 18 YEARS OF AGE.

I (We) authorize _____ access to my Home Improvement Loan
First and Last Name

Print Name: _____
Applicant Date Co-Applicant Date

List other household members: (unrelated persons residing with you)

Other Household Member Other Household Member Other Household Member

City Ordinance § 97.01 Policy, was established to assure equal opportunity to all persons, and states that it is unlawful to discriminate against anyone based on their race, color, creed, religion, ancestry or national origin, familiar status, age, sex\gender, income status, and\or handicap status.



St. Charles City Hall is wheel chair accessible. Those in need of auxiliary aids should contact the City sufficiently in advance to assure that accommodation may be made. Requests for other assistance or aids including language translations may be made in writing by contacting the Department of Community Development, 200 N. Second St., Suite 303, Attention Anita Telkamp or by telephone (636) 949-3224.